NHS
Greater Manchester
Integrated Care

Non-Medical Prescribing update - with a focus on the challenges of changing prescribing

Jole Hannan

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Part of Greater Manchester Integrated Care Partnership

Firstly a question shared with the team:

My CCG have not provided training for this for some years yet it is part of the CCG NMP policy.

Are employers responsible for this or is it the responsibility of the clinician?

NMP policies and responsibilities

- CCGs no longer with us (NHS GM – so possibly information will change)
- Employers and prescribers are always the focus
  - CCG, primary care, hospital, OOH and private provider NMP policies/guidelines all aim to link the responsibilities on the parties into one document.
  - The policy should help the prescriber to prove they have done what was expected of them if they are challenged in any way (legal, clinical, professional, complaints etc)
- NMPs clinical supervisor (DMP, DPP, employer, manager) ensure the relevant education, CPD and development for the role is met
  - NMPs can promote this through 121s, Appraisal, revalidation activities, etc.
- Events like this are around engagement – as are most organisational NMP events.
  - If education events are not held then the NMP is still responsible for updating there own training and development.

Focus: competency and capability

- This should be determined by training, education, role and expectation
- Professional guidance clearly indicates it is the individuals responsibility - but this responsibility is to raise this with your employer/manager/practice/service
- Competency documents allow you to highlight what you expect to do and not do-
  - as a fully trained Asthma/COPD/Respiratory nurse you would not initiate an antipsychotic.
  - But being fully trained in the systems of your practice you may consider yourself competent to re-authorise a medicine like this.

Changing medicines/prescriptions

- As part of competency you should have developed what is within your scope of practice
- To do this you are expected to show the capability to consider what happens when something outside of this occurs
- Simple steps can be : working only when a medical prescriber is on site
  - Duty Doctors, ANP/ACP often fill this roll
- Within trusts the stance is simple – asking an NMP to prescribe an item not in p-formulary/scope of practice should be refused and directed to the correct place/person.
- Primary care is no different e.g. repeat request: follow normal process (many practices have signs up saying requests not part of appointment).

Changing

- Do you know the previous item and new one?
- Are you sure of the criteria involved in the choices?
  - Current examples are:

HRT – Shortages of Oestrogel, Ovestin, Patches and tablets, testosterone

  - Some use is outside of licence, considerations can be multifactorial, guidance is not clear. If you didn't know this then you should not be prescribing… even experienced GPs require support in this area – so take there lead and discuss the issues.

Inhalers – Greening inhalers – Reducing carbon footprint

  - Dry powder inhalers can be cheaper and better for asthma control, widely used in COPD, better for the environment and the wider NHS…. If the change is well done.
  - before you change you need to know the current product and the alternatives

- Professional standards expect you to keep up to date with guidance… so the above 2 examples are something you should have already know and are planning for

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